

**TOWN OF ODESSA**

**Application for Historic Review**  
**\$15.00 Application Fee**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Property Location:**

Street Address: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Historic Register Identification Number: \_\_\_\_\_

**PLEASE ATTACH A PHOTOGRAPH**

Work Being Requested: **Please provide drawings, site plan, and samples of building materials.**

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**FOR TOWN USE ONLY:**

Meeting Date: \_\_\_\_\_ Historic Recommendations: \_\_\_\_\_

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X \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson Signature